

a Control number		22222		Void <input type="checkbox"/>		For Official Use Only ► OMB No. 1545-0008					
b Employer identification number				1 Wages, tips, other compensation		2 Federal income tax withheld					
c Employer's name, address, and ZIP code				3 Social security wages		4 Social security tax withheld					
				5 Medicare wages and tips		6 Medicare tax withheld					
				7 Social security tips		8 Allocated tips					
d Employee's social security number				9 Advance EIC payment		10 Dependent care benefits					
e Employee's name (first, middle initial, last) -----				11 Nonqualified plans		12 Benefits included in box 1					
				13 See instrs. for box 13		14 Other					
				15 Statutory employee <input type="checkbox"/>		Deceased <input type="checkbox"/>		Pension plan <input type="checkbox"/>		Legal rep. <input type="checkbox"/>	
f Employee's address and ZIP code											
16 State Employer's state I.D. no.		17 State wages, tips, etc.		18 State income tax		19 Locality name		20 Local wages, tips, etc.		21 Local income tax	
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Form **W-2** Wage and Tax Statement **1999**

**Copy A For Social Security Administration**—Send this entire page with Form W-3 to the Social Security Administration; photocopies are **not** acceptable.

Cat. No. 10134D

Department of the Treasury—Internal Revenue Service

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